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ABSTRACT

Presented in this document are a description of Chapter 766, Massachusetts legislation governing education for youth with special needs, and a compilation of guidelines and procedures affecting the core evaluation of student turned over to the Department of Youth Services (DYS) by the courts. Requirements of the Core Evaluation Team (CET) and core evaluation guidelines, including referral procedures and specific assessment responsibilities of the CET's chairperson, social worker, physician, psychologist, perceptual motor/vocational specialist, and consulting communications specialists, are described. Also outlined are the requirements and objectives of a core evaluation meeting and criteria for designing individual educational plans for students. Regulations and procedures for implementing an educational plan for a particular youth are given. A summary chart, a glossary of terms, and a sample core evaluation are included. (EB)

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# planning process

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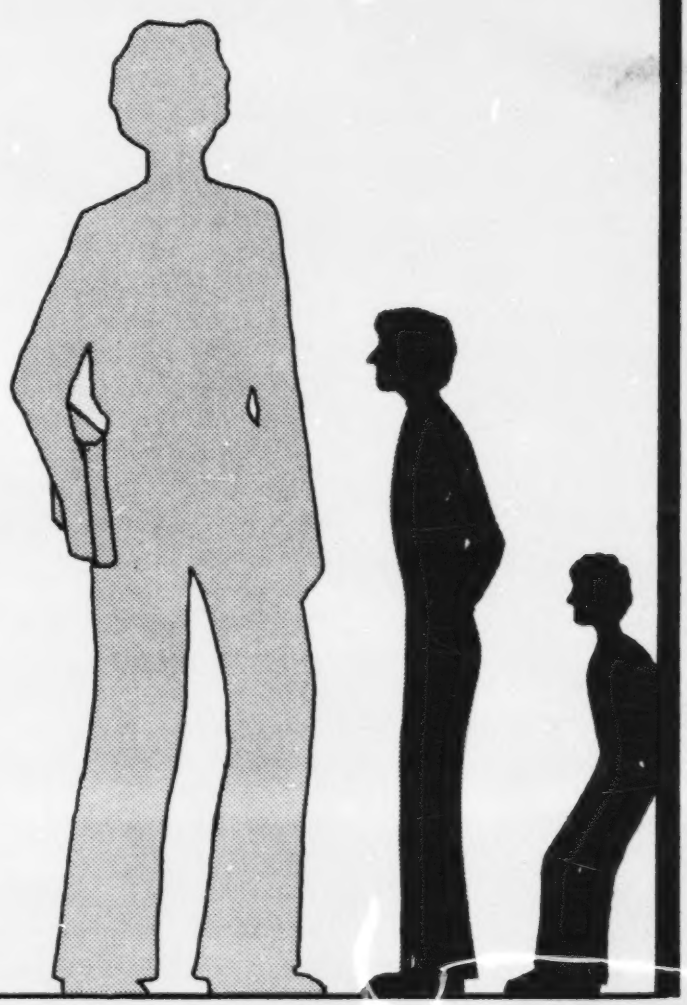

UD018717

## guidelines and procedures for DYS core evaluations

Document prepared by the Education Collaborative for Greater Boston, Inc., the Special Education Center in conjunction with Project Core, funded by the Department of Education, Division of Special Education of the Commonwealth of Massachusetts.

Distribution of the Guidelines by Project Core, 178 Tremont Street, Boston, Massachusetts.

## HOW TO USE THE GUIDELINE

This document was prepared to guide the Core Evaluations of youth under DYS commitment.

The document is color coded between the description section of the assessments/educational plan and the corresponding Core Evaluation sample found in Appendix A. Thus, when reading the description of an assessment you can turn to the corresponding color section in the Appendix and find a sample of the assessment.

Please also note that there is a Glossary of terms and a summary chart at the end of the Guideline.

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Appendix A - Sample Core Evaluation

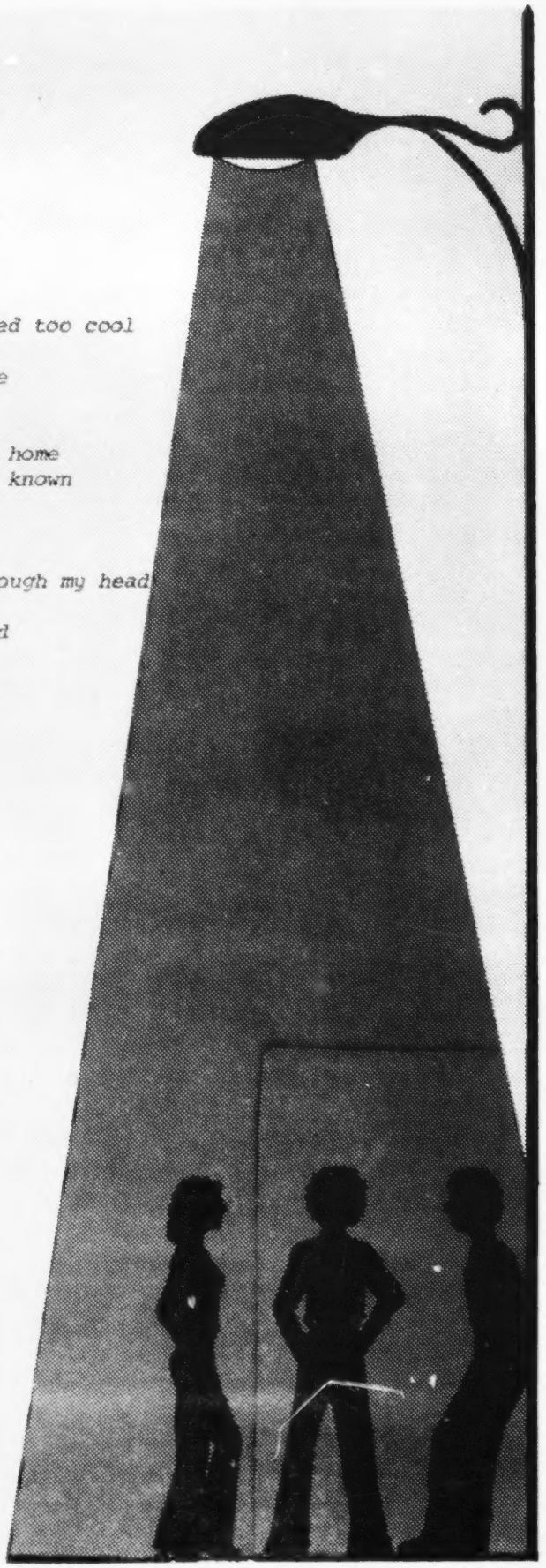
# core evaluation process

*Lately*

*Lately, the scene hasn't seemed too cool*
*treating me just like a fool*
*haven't followed a single rule*
*A stubborn mule*

*Lately, seems I'm never going home*
*things I've learned I haven't known*
*In my room I'm all alone*
*Feel so blown*

*Lately, things been going through my head*
*people putting me to bed*
*haven't heard a word I've said*
*Am I dead!*



## CORE EVALUATION PROCESS

Chapter 766 -- the state's comprehensive legislation governing education for youth with special needs -- was enacted to correct inequities in the quality and availability of special education services for all youth throughout the Commonwealth of Massachusetts, and to counter the stigmatizing effects associated with past methods of differentiating youth with special needs. The purpose of the Act is to assure 1) the detailed assessment of an individual's needs by a multi-disciplinary team; 2) the development of an individual educational plan to meet these needs; 3) the implementation of programs designed to achieve the goals outlined in the educational plan; 4) the periodic evaluation of the youth's progress; and 5) the movement of youth into progressively less restrictive programs, with the eventual goal of completely integrating the youth, where possible, into the mainstream of public education. Chapter 766 promotes the premise that (a) all youths are normal, (b) all youths are different, and (c) the differences in youths are normal. Thus, the evaluation techniques of the Core Evaluation process must be concerned with describing performance in terms of a youth's strengths, not with his or her deviance from the norm. No one is asked to describe what the youth doesn't or can't do. Evaluation under Chapter 766 promotes understanding and accpetance, as opposed to discrimination.

The strength of Chapter 766 is the core evaluation process, in which a youth's needs are assessed and an appropriate educational plan is written to meet those needs. The law requires that a Core Evaluation Team (CET) be appointed to perform all the assessments required to develop a comprehensive individualized educational plan. The Core Evaluation process requires the CET to assess the youth's medical, intellectual, social, emotional and educational development. Once needed information has been collected through these assess-

ments, the CET then develops an individually appropriate educational plan which prescribes specific objectives for the youth. The educational plan thus provides the basis for delivering services to meet individual needs, and for evaluating student development and mastery along defined dimensions.

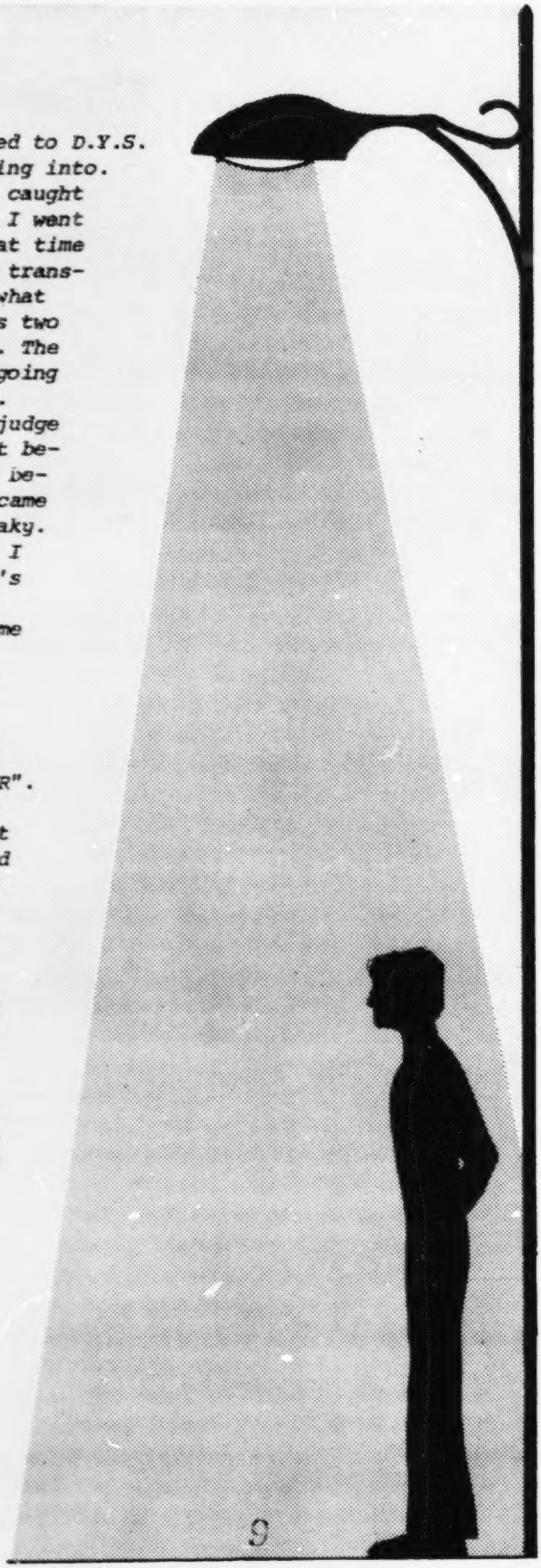
To summarize, the Core Evaluation process is designed to diagnose the special needs of individual youth, plan a program to meet those needs, and evaluate the youth's success in meeting the performance objectives established in the educational plan. The evaluation process is characterized by a team approach in which relevant specialists administer in-depth assessments and share the responsibility for designing the youth's program based on these assessments.

*Committed*

*When I first got committed to D.Y.S. I didn't know what I was getting into. It started when my crime life caught up with me, up to my neck! So I went for a transfer hearing. At that time I didn't know what the hell a transfer hearing was. I just knew what my lawyer told me, that it was two different things I was facing. The judge had to decide if I was going to be bound over or committed.*

*It took a month for the judge to decide; by then I knew that being bound over was worse than being committed. When the time came for the hearing I was very shaky. It was me and my buddy Kevin. I was terrified. They did Kevin's case first and Kevin was committed to D.Y.S. Then they came to me. I had alot more cases than Kevin. The judge stared at me with a horrible look, then he picked up an ink pad, slammed it down on a piece of paper, and shouted "BOUND OVER". I was scared stiff. My lawyer stood. He started talking fast and saying words I never heard before. After five minutes of talking and arguing he sat down. I thought I was gone. There was a few minutes of silence in the court. I was scared stiff. Kevin whispered in my ear "You're gone fuzz". I put my head down and my mother started crying. I looked up once again, I looked up right at the judge. The judge looked at me. He stared over his thin glasses, this time he didn't have a mean look. He had a sorry look. Once again he picked up his ink pad, slammed it down and quietly said "committed to D.Y.S.".*

*I let out my air. I heard my heart slow down and I smiled. I was glad to be committed to D.Y.S.*



## DYS GUIDELINES AND PROCEDURES FOR CORE EVALUATIONS

### INTRODUCTION

The core evaluation procedures set forth in this guide have been designed specifically for use in evaluating youth detained by the Department of Youth Services (DYS). Various restraints in the living situations of DYS youth have made it necessary to revise the regular core evaluation procedures in a number of ways. Among the major changes made are the following:

1) The DYS caseworker must approve the evaluation and the educational plan, and parental approval should also be sought when parents have been involved.

2) The core evaluation team (CET) is to be composed of professionals from at least four disciplines: education, psychology, medicine, and social work (occupational/vocational assessment is to be stressed).

3) Goals are to be generated for the total life activities of the youth, with an emphasis on the skills and behaviors that he or she needs to learn to accomplish these goals.

4) The educational plan must emphasize the functional development of the youth; it is to be realistic, career-oriented, and age-appropriate.

This guide is based upon the experience of a Core Evaluation Team which developed educational plans for a group of DYS detainees. The purpose of this evaluation team was twofold: (1) to develop educational plans for each youth involved, and (2) to determine the most effective method of providing core evaluations to DYS detainees while meeting the requirements of Chapter 766 Regulations.

The following are some of the constraints and problems with which this core evaluation team was confronted, and which may also be encountered by other evaluation teams in DYS facilities.

1. The core evaluation team was unable to influence the detainee's length of stay in the DYS facility. Because of this constraint, the core evaluation process was limited to a period of two weeks.

2. There were few, if any, medical or educational records available for any of the detainees.

3. The records that were available were woefully inadequate and contained very little information concerning the educational needs of the detainees.

4. Due to the time constraints placed upon the project, the required specialized assessments (e.g., perceptual/vocational assessments) could not be administered.

## CORE EVALUATION TEAM (CET) COMPOSITION

The CET should be comprised of a minimum of four professionals: an educational specialist who serves as chairperson, a physician (preferably an M.D. who has specialized in adolescent medicine), a social worker, and a psychologist. In most cases, a person with expertise in administering perceptual motor and vocational assessments should also be included on the CET. The team should include members with professional experience in the fields of education and the social aspects of juvenile offenders. It is most important that all team members be accustomed to working with adolescents. Team members should be experienced in observing the functional aspects of individual behavior, as opposed to making theoretical analyses of that behavior. Each evaluator must attempt to assess, from a professional vantage point, what the youth can do. Core evaluation team members share the information obtained in their assessments in order to gain a more complete picture of the student. The data is then analyzed and developmentally appropriate "next steps" are identified for each of the youth's global life areas.

## CORE EVALUATION PROCESS

### Referral

A detainee can be referred for a core evaluation by any person involved in a professional capacity with the detainee. The referral is made to the appropriate local education agency. The local education agency, within 5 days of referral, appoints a chairperson to convene a Core Evaluation Team (CET). Because a youth has been committed to DYS, the legal rights of the parents are limited; approval of the core evaluation must therefore come from the DYS

caseworker, though parental approval should also be sought when parents are to be involved in the evaluation.

The 30 day evaluation period begins once the caseworker and the parents (where appropriate) agree to the evaluation. The director of the facility should immediately supply the CET chairperson with all background files on the detainee. These files should include DYS central, regional and local facility files (while each facility tries to maintain complete files, it is often difficult to obtain adequate information on detained youth).

The CET chairperson should determine the last school attended by the youth, and obtain his or her educational records from this school to ascertain whether or not a core evaluation of the youth has previously been conducted. This information may offer additional insights for construction of the educational plan. In addition, the local education agency (LEA) with legal responsibility for the youth's educational services, as defined by the Chapter 766 regulations, should be notified and involved in the core process immediately.

The DYS and school files should be reviewed individually by team members to obtain educational, medical, social, and psychological histories of the youth. Any reports or evaluations that provide functional information about the youth should be reviewed and noted. The youth, his/her parents (if involved) and other concerned persons should be interviewed by each team member. The effect of these interviews is to accumulate knowledge from various professional vantage points about the youth and to determine the youth's present and potential functioning level in the areas of life skills, socialization, academics, vocational, and physical activities.

## Specific CET Assessment Responsibilities

### CHAIRPERSON (EDUCATIONAL SPECIALIST)

The chairperson is to act as the coordinator of the team throughout the core evaluation process. He/she must insure that each team member meets his/her responsibilities, and that all appropriate persons and agencies are notified and involved in the youth's core evaluation.

The chairperson should complete an Educational History and Status form and obtain additional information on the youth's present and potential level of educational functioning. This information is to be gathered from a number of sources, including: DYS files, school records, teachers and counselors at the DYS facility, DYS caseworkers, and the youth and his/her parents, if appropriate. (Appendix A, Forms F-3 and F-9). The chairperson should attempt to develop a comprehensive profile of the youth from these resources.

### SOCIAL WORKER

The social worker is to complete the social assessment and summary which will provide a social history of the youth. This assessment will supply information on present and potential social functioning, as viewed from an educational perspective. The social worker should have the opportunity to review DYS and school files and should meet with the DYS caseworker, counselors, and others involved with the youth. The social worker should also meet with the family, if the parents agree to be involved, and with the youth. (Appendix A, Form F-11). The purpose of these meetings is to supplement information obtained from organizational files with first-hand testimony from those persons who have been most closely associated with the youth.

PHYSICIAN

The physician is to be responsible for reviewing DYS medical records and conducting a general physical examination of the youth. He or she should be a licensed M.D. with a speciality in adolescent medicine. The physician must determine if there are any medical factors that are serving as facilitators or constraints upon the youth's educational functioning. The physician completes Form F-10 (Appendix A) and a "S.O.A.P." narrative.

PSYCHOLOGIST

The psychologist is assigned a dual role on the CET. First, he/she is to assess the youth's educational functioning and potential from a psychological viewpoint. This assessment is to be based upon meetings with the youth and DYS staff involved with the youth, and may also involve formal/informal testing. The psychologist must identify any psychological factors that may be acting as facilitators or constraints upon the youth's educational functioning.

The second role of the psychologist on the CET is to serve as Coordinator of Assessment Results. In this capacity, he/she is to review the assessments made by each of the team members. The psychologist must clarify any discrepancies which may exist among the assessments, and must fill any informational gaps contained in these assessments. Based upon all of the assessment data, the psychologist describes the youth's learning style, his/her strengths and weaknesses, and the ideal "least restrictive" environment in which the youth can best function. The psychologist prepares recommendations for the youth's educational objectives. These recommendations are based on the youth's present and assessed potential functioning level, and they take into account

the facilitators and constraints upon the youth's educational performance. The objectives are to be functional, stated in behavioral terms, and must suggest a developmental sequence of learning. (Forms F-14, Appendix A).

## PERCEPTUAL-MOTOR/VOCATIONAL ASSESSMENT

An assessment of the youth's functioning from a perceptual-motor and vocational perspective is strongly recommended. This assessment may be best completed by a trained occupational therapist who focuses on the assessment of vocational potential. This professional should assess the youth's functioning in such areas as perceptual-motor and eye-hand coordination. This type of assessment would then be evaluated from a vocational perspective, identifying the facilitators and constraints upon the youth's future vocational endeavors.

## SPECIAL ASSESSMENTS

If the youth appear to have a significant communications problem in any area (e.g. speech), a professional from the appropriate discipline should be assigned to perform a specialized assessment. This professional would function as a consultant to the team.

Core Evaluation Meeting

Following the assessments by the various CET members and a thorough review of all relevant data, the chairperson should schedule a core evaluation team meeting. All of the professionals involved in completing the assessments are expected to attend this meeting. The chairperson is to notify and invite to the meeting the appropraite Local Education Agency representative, the DYS caseworker and counselors involved with the youth, and the youth and his/her parents, if appropriate. (Any youth over the age of 14 years has the right to participate in the meeting.)

It should be noted that although some legal rights of parents are limited by commitment and subsequent guardianship of youth by DYS, parents are considered an important element in the core evaluation process. Every possible attempt should be made to secure their involvement. Even though parents, in such cases are not afforded the right to agree to the evaluation and approve implementation of the educational plan, their viewpoint must be taken seriously and respected.

The chairperson should also notify and involve representatives from the various Human Service Agencies that are, or might become, appropriately involved in youth's case. These Human Service Agencies may include, but are not limited to: the Department of Public Welfare, Massachusetts Rehabilitation Commission, Department of Public Health, and the Department of Mental Health.

The purpose of the core evaluation team meeting is to bring together all available knowledge concerning the youth's functioning levels, and to formulate

developmentally appropriate functional objectives, stated in measurable behavioral terms. In addition, the team must specify the programs and activities that must be provided and carried out for the youth to accomplish the one-year educational objectives, including staffing patterns and the various educational and support activities that the youth requires to develop to his potential. The CET should also set long range (2-3 year) goals for the youth.

Educational Plan

The information received during the core evaluation process, and analyzed during the core evaluation team meeting, will be used to develop an individual educational plan for the student. The heart of the educational plan is the specific objectives which are to be used as a guideline in providing a quality education for the student. Three criteria must be met in designing these objectives:

1. They must be developmentally rational; that is, if the student is presently using two-word sentences, the objective should indicate that the student will be using three-, four-, and five-word sentences by a particular time in his/her program. The long-term goal might be that the student will use compound/complex sentences, but the most immediate objectives should indicate gradual increments towards that ultimate goal.

2. They must be sensitive to environmental priorities. If the student is demonstrating acting-out behaviors such as hitting people or destroying property, objectives should be set to eliminate this behavior so that the student can function in an increased number of environments, thereby increasing his/her options.

3. Most important, all objectives must relate the student's movement toward a less restrictive setting. Therefore, if a student is in a substantially separate program, objectives should be established which, when met, will make it possible for the student to be in a regular education class for at least part of the day.

The educational plan is written by the CET chairperson based upon the decisions made in the core evaluation team meeting. The educational plan must contain a narrative, goal statements, programs and activities, and recommendations for needed assessments, as described below.

NARRATIVE

It is recommended that the narrative contain the following five sections:

1. Description of the need for the core evaluation;
2. Relevant background information on the youth;
3. Major problems to be overcome by the services prescribed in the educational plan;
4. Strengths and weaknesses exhibited by the youth; and
5. Recommendations for the "least restrictive" learning environment and other necessary conditions for learning. The narrative should not be based on interpretations of data, but rather it should contain functional facts. This narrative should provide the reader with an overall functional picture of the youth. The use of "labelling" is strongly discouraged.

GOAL STATEMENTS

Goals and objectives should be stated for a 2-3 year period (long range), and for the first year of the educational plan (immediate goals and objectives). The 2-3 year goals are general and all-encompassing in nature. Immediate (1-year) goals are to be generated in the following five areas, as appropriate:

1. life skills (e.g., grooming, cleaning, daily activities);
2. socialization (e.g., relationships, self perspective);
3. academic areas (e.g., reading, arithmetic);
4. pre-vocational and vocational skills; and
5. physical activities.

As mentioned above, objectives are to be written in measurable, behavioral terms. Each objective should describe:

1. Who is to exhibit the behavior (Does the objective relate to the youth or to the persons working with the youth?);
2. What behavior is to be exhibited;
3. What is the outcome or expected results of this behavior (what indication will be given that the objective has been accomplished?);
4. What is the standard or criterion for success; and
5. Under what conditions is the behavior to be exhibited.

Although the educational plan is to be primarily focused on education, it must include objectives for the total development of the youth. In writing the plan, however, learning should serve as the central point of reference.

PROGRAMS AND ACTIVITIES

Programs and activities should be prescribed for each of the 1-year goals established for the youth. This section is to contain: a description of each program or activity; the daily duration of each activity; the number of days per week recommended for each activity; the suggested student-staff

ratio; the number and types of certified personnel needed; and the types of follow-up and other actions required to implement the educational plan. (See Appendix A).

RECOMMENDATIONS FOR NEEDED ASSESSMENTS

Finally, the educational plan is to describe any additional recommended assessments, such as opthamological, speech, auditory, psychiatric, detailed medical, and follow-up core evaluations. This section should delineate: the type of assessment recommended; the purpose of the assessment; suggested personnel; and any special conditions relating to the assessment (e.g., when the assessment should be conducted.) (See Appendix A).

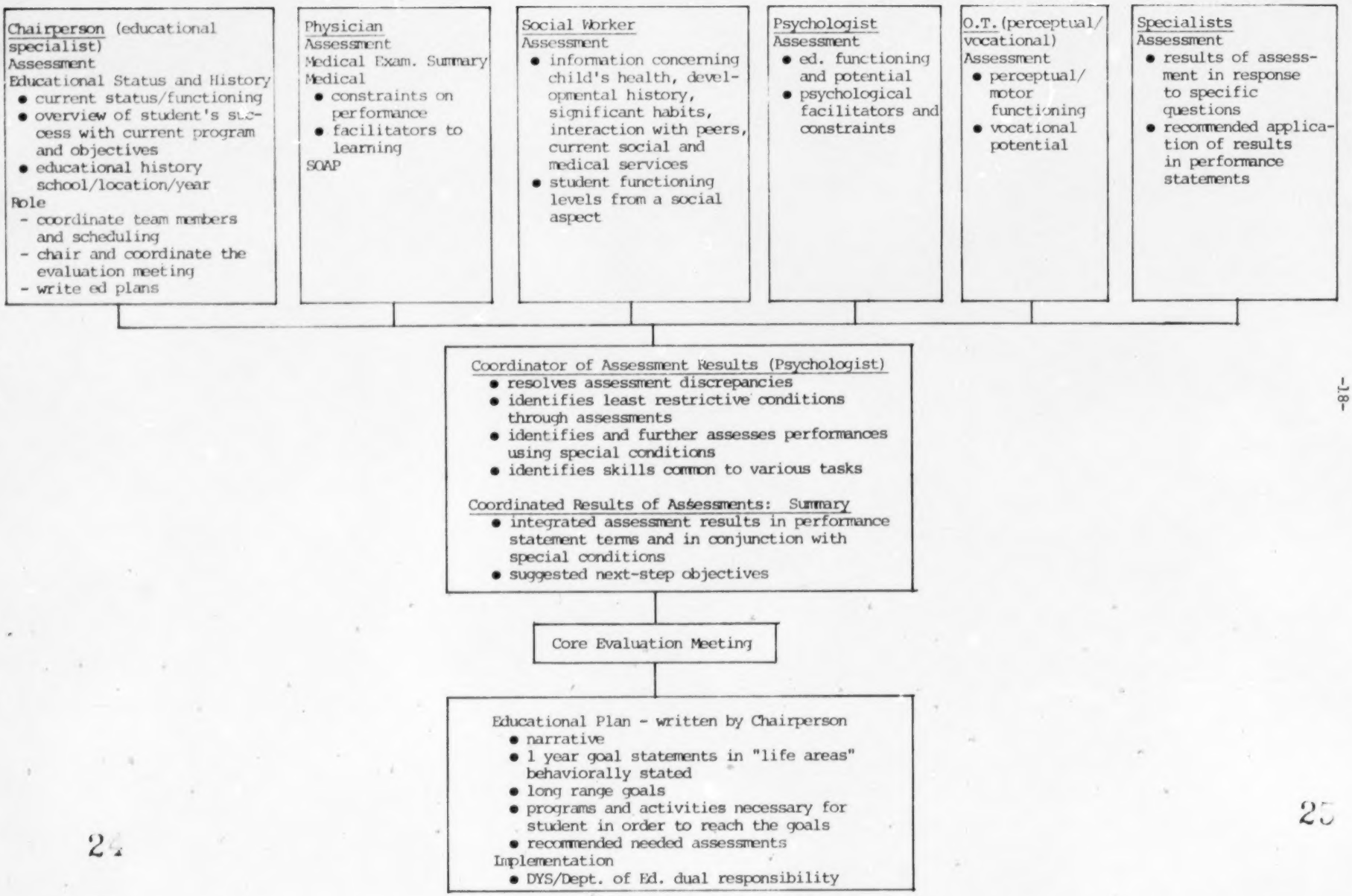
Implementation

In developing an educational plan for the youth, core evaluation team members must be aware of the provisions of the Chapter 766 Regulations. If the educational plan is to be implemented, the team must adhere to all existing regulations and procedures.

Implementation is the joint responsibility of Department of Youth Services and the Department of Education. An educational coordinator will be assigned to the youth, and will contact the local education agency (LEA) responsible for the youth's education. The LEA must be involved in all aspects of the core evaluation process and in plans for implementation of the educational plan. The educational coordinator must also notify the other human service agencies that will be involved with the youth concerning the results of the core evaluation process, and involve them in plans for implementation. This coordinator will work with parents, DYS, LEA, and other agency staff to arrange for placement of the youth in the prescribed educational setting, and will act as an advocate for the youth by assuring that the plan is implemented in the youth's best interests.

In summary, a youth may become involved with DYS for a myriad of reasons. Often DYS youth have had a long history of school and family difficulties. Rather than focusing on the youth's problems and previous labels, the CET looks for the youth's strengths and potential and designs an educational plan that builds upon these. The purpose of the educational plan and its implementation is therefore to free the youth from the recurrence of delinquency by giving him/her the educational preparation with which to live a functional life in society.

CORE EVALUATION PROCESS (DYS FACILITY)


Chairperson (educational specialist)
Assessment
Educational Status and History
• current status/functioning
• overview of student's success with current program and objectives
• educational history school/location/year
Role
- coordinate team members and scheduling
- chair and coordinate the evaluation meeting
- write ed plans
Physician
Assessment
Medical Exam. Summary
Medical
• constraints on performance
• facilitators to learning
SOAP
Social Worker
Assessment
• information concerning child's health, developmental history, significant habits, interaction with peers, current social and medical services
• student functioning levels from a social aspect
Psychologist
Assessment
• ed. functioning and potential
• psychological facilitators and constraints
O.T. (perceptual/vocational)
Assessment
• perceptual/motor functioning
• vocational potential
Specialists
Assessment
• results of assessment in response to specific questions
• recommended application of results in performance statements
Coordinator of Assessment Results (Psychologist)
• resolves assessment discrepancies
• identifies least restrictive conditions through assessments
• identifies and further assesses performances using special conditions
• identifies skills common to various tasks
Coordinated Results of Assessments: Summary
• integrated assessment results in performance statement terms and in conjunction with special conditions
• suggested next-step objectives
Core Evaluation Meeting
Educational Plan - written by Chairperson
• narrative
• 1 year goal statements in "life areas" behaviorally stated
• long range goals
• programs and activities necessary for student in order to reach the goals
• recommended needed assessments
Implementation
• DYS/Dept. of Ed. dual responsibility

TERMS

Assessment - the appraisal or observation of certain traits, behaviors or skills.

Behavioral - terms which describe: 1) who performs, 2) what behavior, 3) with what outcome, 4) what is the standard for judging success, and 5) under what conditions the behavior take place.

Constraints - behaviors, traits or disabilities that might hinder or restrain an individuals development of certain skills, or his functioning within certain environments.

Developmental - assumes that in mastering a skill, one must first master pre-requisite skills and that there is a pattern to this mastery or development of skills, i.e., in order to develop the skill of recognizing and interpreting the concept of same-different, one must first be able to a) match pictures with objects, b) match by shape, c) by size, d) by texture, e) by category, f) then to pair opposite, etc.

Facilitator - a characteristic which would appear to promote an individual's development, e.g., artistic abilities, a positive attitude, a strong appropriate self-concept.

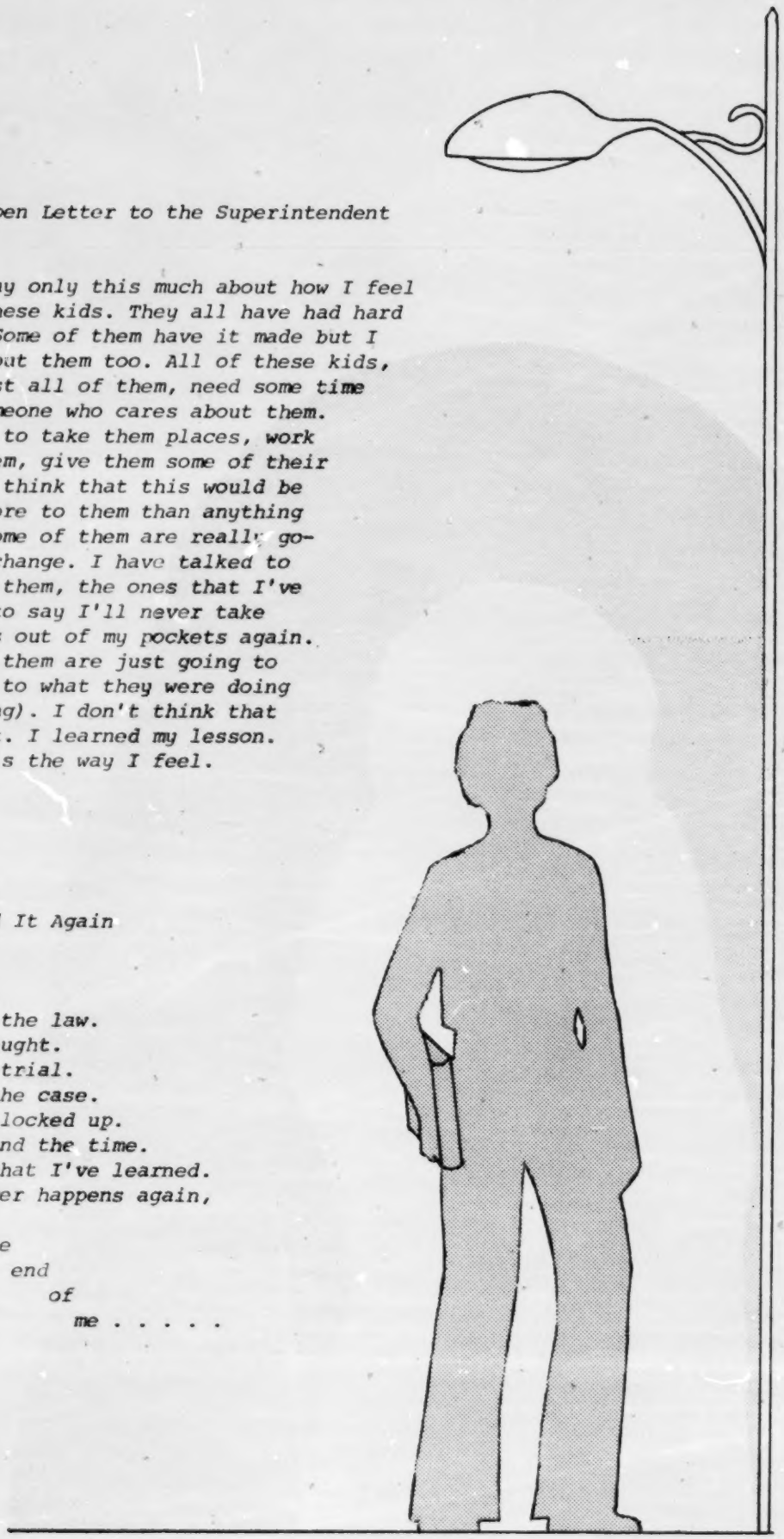
Functional - useful, realistic, behaviorally oriented thoughts, statements and/or activities.

Present functioning - a description of the actions or skills the youth presently exhibits.

Potential functioning - a description of the actions or skills the youth is capable of developing, based upon the assessors' professional judgement.

S.O.A.P.- subjective, objective assessment plan, a medical narrative format.

# appendix a ~ sample evaluations



*An Open Letter to the Superintendent*

*I can say only this much about how I feel about these kids. They all have had hard times. Some of them have it made but I care about them too. All of these kids, or almost all of them, need some time with someone who cares about them. Someone to take them places, work with them, give them some of their time. I think that this would be worth more to them than anything else. Some of them are really going to change. I have talked to some of them, the ones that I've talked to say I'll never take my hands out of my pockets again. Some of them are just going to go back to what they were doing (stealing). I don't think that is right. I learned my lesson. So that's the way I feel.*

*I Did It Again*

*I broke the law.*
*I got caught.*
*I had a trial.*
*I lost the case.*
*Now I'm locked up.*
*I'll spend the time.*
*I pray that I've learned.*
*If it ever happens again,*
*that's*
*the*
*end*
*of*
*me . . . . .*

Educational History and Status

Records were unavailable pertaining to Jerry's educational history and information was obtained from Jerry who claims he has a bad memory concerning school and has given some conflicting information.

He attended the following public schools in Lowell, Mass.:

Mory School - first - fourth grades

Robinson Jr. High School - fifth - eighth grades

Tyngsboro High School - ninth grade (not certain of completion)

Jerry was a chronic behavior problem in school, fighting with teachers and often truant. He repeated the sixth, seventh and eighth grades in special classes.

Current grade equivalents are:

Reading recognition 5.0
Spelling 3.9
Math 2.8

# EDUCATIONAL ASSESSMENT: CLASSROOM PERFORMANCE SUMMARY

1. A COPY OF THIS COMPLETED ASSESSMENT SHOULD BE RETURNED TO THE CHAIRPERSON

   BY _____
   date

2. SUMMARY PREPARED BY _____ _____
   name school

3. TEACHING RELATIONSHIP TO STUDENT _____

4. THIS STUDENT HAS BEEN (WAS) IN MY CLASSROOM FOR _____ MONTHS.

5. PERFORMANCE STATEMENTS SUMMARY (use CET/766/F-13)

6. DESCRIPTION OF STUDENT'S CLASSROOM PERFORMANCE (to be completed in narrative form)

   6.1 Special conditions

   6.2 Suggested learning approach

   6.3 Skill areas

   6.3.1 Activities of daily living

   6.3.2 Motor skills

   6.3.3 Socialization skills

   6.3.4 Language skills

   6.3.5 Reading skills

   6.3.6 Quantitative reasoning skills

   6.3.7 Vocational skills

☐ CONTINUED ON NEXT PAGE
(attach extra sheet if needed)

_____ DATE _____

Problem Statement

DYS

Problem #1 Confusion and Poor Memory

S: No complaints, except headache and stated recent head injury.

O: No neurological signs, poor memory.

A: Needs neurological exam, subdural hemotoma

P: Neuro referral and treatment if indicated.

CET/66/F-10
page 1 of

# MEDICAL EXAMINATION SUMMARY

A COPY OF THIS COMPLETED ASSESSMENT SHOULD BE SUBMITTED TO THE EVALUATION TEAM CHAIRPERSON

BY _____
date

CHECK ONE ☐ CHILD'S REGULAR MD ☐ SCHOOL MD ☐ CONSULTANT ☐ OTHER (specify) _____

I ☐ CAN ☐ CAN NOT ☐ MAY BE able TO ATTEND EDUCATIONAL PLAN DEVELOPMENT MEETING

No Medical History obtained from student

| 1. PRESENT AND PAST HISTORICAL REVIEW | FINDINGS | | | | POSSIBLE EDUCATIONAL RELEVANCE | | | | |
|---|---|---|---|---|---|---|---|---|---|
| AREAS | NEVER A PROBLEM | PROBLEM NOW | POSSIBLE PROBLEM | WAS A PROBLEM | NO IMPACT | CONSTRAINT | FACILITATOR | CANNOT SAY | |
| PERINATAL COMPLICATION (s) | | | | | | | | | |
| CONGENITAL ANOMALY (ies) | | | | | | | | | |
| CHROMOSOMAL ANOMALY(ies) | | | | | | | | | |
| BIOCHEMICAL DEFECT(s) | | | | | | | | | |
| SEIZURES | | | | | | | | | |
| C.N.S. DAMAGE | | | | | | | | | |
| CHRONIC ILLNESS (es) | | | | | | | | | |
| HOSPITALIZATION (s) | | | | | | | | | |
| RECURRENT SYMPTOMS | | | | | | | | | |
| TRAUMA/ACCIDENTS | | | | | | | | | |
| ACCIDENTAL INGESTION (s) | | | | | | | | | |
| MOTOR DEVELOPMENT | | | | | | | | | |
| LANGUAGE DEVELOPMENT | | | | | | | | | |
| SOCIAL DEVELOPMENT | | | | | | | | | |
| BOWEL, BLADDER TRAINING | | | | | | | | | |
| HOME ENVIRONMENT | | | | | | | | | |
| ACTIVITY LEVEL | | | | | | | | | |
| EMOTIONAL STABILITY | | | | | | | | | |
| PEER RELATIONS | | | | | | | | | |
| FAMILY INTERACTIONS | | | | | | | | | |

| 2. PHYSICAL EXAMINATION BP 104/64 DCIS | FINDINGS | | | | POSSIBLE EDUCATIONAL RELEVANCE | | | | |
|---|---|---|---|---|---|---|---|---|---|
| AREAS | UNREMARKABLE | EXCELLENT | INDICATION(S) OF MALFUNCTION | NOT ASSESSED | NO IMPACT | CONSTRAINT | FACILITATOR | CANNOT SAY | |
| NUTRITION | X | | | | | | | | |
| MATURATION Early [illegible] | [illegible] | [illegible] | X | [illegible] | [illegible] | | | | |
| HEIGHT 5'4" | | | | | | | | | |
| WEIGHT 102 lbs | | | | | | | | | |
| HEAD CIRCUMFERENCE cm | | | | | | | | | |
| EYES, EARS, [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | X | |
| NOSE, THROAT [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | |
| DENTITION, MOUTH [illegible] | | | X | | | | | | |
| CHEST AND CARDIOVASCULAR [illegible] | [illegible] | | | | X | | | | |
| ABDOMEN, GENITALIA | X | | | | X | | | | |
| EXTREMITIES AND MUSCULOSKELETAL | X | | | | X | | | | |
| OTHER GENERAL FINDINGS | X | | | | X | | | | Scoliosis |
| VISUAL ACUITY | | | | X | | X | | | R 20/40 |
| OCULAR MOVEMENTS | | | | X | | | | | 20/20 |
| COLOR VISION | | | | X | | | | X | |
| AUDITORY ACUITY | | | | X | | | | X | |
| SPEECH | | | | X | | | | | |
| PERCEPTUAL FUNCTION | | | | X | | | | X | |
| GROSS MOTOR FUNCTION | X | | | | | | | | |
| FINE MOTOR FUNCTION | X | | | | | | | | |
| MUSCLE TONE | | | | | | | | | |
| REFLEXES | X | | | | | | | | |
| OTHER NEUROLOGICAL FINDINGS [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | |

[illegible]

3. CURRENT HEALTH MANAGEMENT

| CONDITION | TREATMENT | AMOUNT | FREQUENCY | EFFECTIVENESS | EDUCATIONAL IMPACT OF TREATMENT: NONE | CONSTRAINTS | FACILITATOR |
|---|---|---|---|---|---|---|---|
| Cough | errands | | | ? | ✓ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

4. ELABORATION AND COMMENTS ON EDUCATIONAL CONSTRAINTS AND FACILITATORS

Chris is/is very guiles & confused social history, including having been in a foster home where he was placed by a DPW worker. He is 21 yrs & states because he committed armed robbery with a foster brother & gave himself up because he feared being blamed for an injury the other did very in the robbery & being sent to prison for murder. He seems very simple, confused about where he is going & what he is willing to gain some control he needs to improve his self esteem & confidence, to plan his life. He wishes to be an auto mechanic, which he heard about in Social Studies. He has the experience & a mechanic (See over)

☒ ADDITIONAL COMMENTS ON ATTACHED SHEET

5. RECOMMENDATIONS (include limitations on activity and endurance)

Basic Academic Program of High School
Secure Social Position
Neurological Evaluation
? Head injury impairment

☐ ADDITIONAL COMMENTS ON ATTACHED SHEET

Vocational Counseling

6. STATEMENT OF FINDINGS

☒ I HAVE FOUND NO MEDICAL CONSTRAINTS ON PERFORMANCE

☐ I HAVE FOUND THE ABOVE NOTED CONSTRAINTS ON PERFORMANCE

This 15y/o boy exhibits sufficient confusion, memory loss & headache, that with a given history of head injury he requires a neurological evaluation — even if he no longer exhibits the memory loss I am raising the question of subdural hematoma & it should be resolved as rapidly as possible

Social Assessment

Student: Jerry

## Identifying Information

DOB:

Ethnicity:
Language Spoken Home:
Religion:
Legal Status:
DYS caseworker:
Family Address:
Phone:

## Family History

Mother: Mrs. M., DOB.
Adoptive Father: Mr. M.
The couple married on 3/3/60 and separated on 10/6/75. Mr. M. resides in Chicago and is known to be a musician.
The punitive father of the child is Mr. W; he has not had contact with his son in 15 years.

Jerry describes his parents as indifferent towards him and has no desire to live with either. There is a suggestion of child abuse from both parents. He reports no contact with his adoptive father, since Mr. M. left the family on Christmas Eve. 1975. Jerry states that since then his mother has worked full-time and therefore she has been unable to maintain contact with hom.

## Siblings

Names
DOB

## Developmental and School History

At age 12, Jerry reports he fell off of a porch and fractured his head and on a second occasion suffered head injuries inflicted by a peer; for both incidents, Jerry reports hospitalization.

He states that his general health is good, although he has complained of chest pains for the past 2 weeks during his confinement.

Jerry reports that he infrequently uses marajuana; denies using other drugs and acknowledges regular indiscriminate excessive use of alcohol particularly while placed in a foster home.

Although there are no school records available, Jerry states that he was in difficulty for fights with teachers and truancy. He repeated the 6th 7th, and 8th grades special classes and completed the 9th grade at Tyngsboro, Jr. H.S.

Presently, Jerry has no motivation to return to public school.

## Presenting Problems

It is important to note, that except for truancy, all of the following were committed in the last year.

Fire setting and false alarm; vandalism; armed robberies (knives); use without authority (assault with a deadly weapon; assault and battery); larceny, truancy; drug and alcohol abuse; and run-away behavior.

## Previous Institutionalizations

As a result of a Court referral to a Division Project, Jerry was placed in a foster home. Jerry reports not liking the family and being pleased when he was removed for smoking pot.

Shortly thereafter, he was placed in another foster home and through involvement with the biological son, they committed all of the offenses previously noted. Jerry reported cutting this foster brother's neck with a knife which required 17 stitches; he would not speak of the incident.

From here, Jerry was placed at a Detention Center following a 1 night jail stay.

He remained there approximately 1 week prior to his court arrainment and current placement in a secure Detention Center.

It was while in jail that Jerry reports he became dizzy, hit his head and suffered facial injuries. In the interview he complained of a broken nose, which did appear swollen and red.

## Social Factors

Unstable home; disruption of family; rejection by adoptive father; questionable child abuse; multiple foster homes; abandonment by parents; previous institutionalization; current court action; separation from siblings; and parent-child conflict

## Child's Goals

Jerry's goals are very concrete and short-sighted, that is, he wishes for a program in which he can wear his own clothes and not attend school. In a tertiary fashion, he wishes to be an auto mechanics but does not envision himself sufficiently motivated to commit himself to a course of study and work.

His favorate leisure time activities are fishing and hunting and reading horror stories; the former he reports having had a considerable amount of experience, regarding the latter. He wishes to use a fire arm but has never. His activities are solitary, he neither enjoys spectator or participatory sports. While in detention, he enjoys painting, drawing and ceramics.

## Observational Profile

A. Acceptance of Current Institution

Presents evidence of fearfulness of persons and activities; perceives institution as too restrictive; has difficulty conforming to rules and regulations.

B. Reactions to Counselors

Needs special supervision; is overly dependent; needs to test out authority of adults; regresses when given negative attention; responds negatively to requests for cooperation; has difficulty trusting counselors; uses counselors for protection when in trouble; and has special need of strong figure of same sex.

C. Reaction to Peers

Prefers to stay with 1 other peer; has difficulty reaching out to new friends; will avoid interaction with same and opposite sex; tends to attack verbally or physically under stress; is passive in relationships; tends to be manipulative is not popular with peers; and shows little capacity/or leadership.

D. Reaction to Institution

Engages in few individual activities; prefers to be passive; shows marginal responsibility in either institutional chores or self-care.

## Psychosocial Diagnosis

Jerry is a 15 year old adolescent male, who has poor self-care habits.

Although Jerry was cooperative during the interview, his reactions were characteristically withdrawn and detached; his affect was flat and reduced and his overall emotional response to the interview was anxious.

Jerry accepts no responsibility for his activities and projects blame either onto his peer/accomplices or institutions. His school history of overt and covert hostile disobedience as well as his physical and verbal aggressiveness appears as an unsocialized aggressive reaction; as well, there is group delinquent behavior with ready acquiescents to peer pressure.

Diagnosis: adjustment reaction to adolescence.

## Treatment Plan

Placement in a small residential treatment center with vocational/educational training available within the milieu is recommended. So too is dynamic treatment recommended for Jerry who in this struggle for independence can benefit from a therapeutic alienance with a male.

Records Available for Review:

1) Parole record
2) Guidance Denter report

Collatoral Contact:

Personal Interview with Child:

Prepared by:

ADL

Is consistent with hygiene, grooming and attire only to 40-50% level of responsibility.

Motor

Physically healthy without defecit - but does not interact on "gross (muscle)" basis either on own, or with others.

Social

This young man is inclined to be a loner. On the one hand he finds it difficult to conform to rules and the expectations made of him, yet, on the other, he has no direction (that is observable) toward leadership activity. Actually, he is a dependent person. He sometimes attempts to show himself off as more than what he is - but these attempts are both superficial and short lived. He is not a risk taker. He is inclined to be at least somewhat self-abusive. When approaching tasks which are not opposed by him, he is inclined to be industrious, though not overly critical.

He transports himself adequately - is aware of "usual" safety measures, can prepare simple meals and shop for essentials. He si intermittent in his respect/responsibility for the goals/possessions of self and others.

Language

Though no organic or marked defecits are noted in formal speech, his flow of verbal communication tends to be both constructed and flat (in affect). Functionally, his speech is uneven, often comes in spurts, lacks both expression and the inclusion of disruptive words/phrases. In respect to receptive communication, his construction/anxiety deprives him of a full understanding of the ideas of others. His auditory discrimination is marginal for grade level and age because of middle syllable/sound omissions.

Reading

Recog. grade level: 5.0
Spelling: 3.9

Reading levels (as tested) seem accurate in that the ceiling performance was sharp without inconsistencies. His visual memory seems to detract somewhat from the spelling performance - his word attack skills are in need of review and restructure.

His cursive script is sometimes spread out and/or uneven, but is legible. Comprehension is estimated to reside at a 4th to 5th grade level - as a result of both inexperience and a generalized preoccupation through anxiety.

Quantitative

Math grade level = 2.8

He is familiar with initial concepts of addition and subtraction, but that does not include borrowing or carrying. He multiplies horizontally by a single digit but does not demonstrate an awareness of division properties. His ability level reflects a developmental rather an inaccurate or mal-developed stage. He is able to differentiate between basic measures/comparisons - but not when the quantities/measures are closely approximated. He tells time to the quarter hour, at least, but cannot determine the number of minutes between two discrete readings. He can make a basic purchase without incident, but cannot compute the change (expected) beforehand. In order to answer a verbally stated problem, he often uses his fingers, and not always correctly.

Vocational

He has been exposed to limited experience in auto mechanics, but does not meaningfully relate excerpts from that experience. He frequently makes references to "working in a store" or "behind a desk" - but, again, is unable to communicate specific areas or goals.

He gives no evidence of vocational aspirations beyond a "need to get $", without benefit of preparation or skill development in general.

5.1 Relevant Situational Factors

Positive

1. Has a desire for independence.
2. Is physically healthy.
3. Has interest in art (painting/ceramics).
4. Has potential for continued academic growth.
5. Has occasional tendencies toward industriousness.

Negative

1. Uses considerable , viz./esp. projection
2. Demonstration of minimal insight.
3. Acts out his frustrations/aggressive feelings
4. History of fire setting acts against several avaialble placements.
5. Attitude toward school/academics particularly negative.
6. Likely presence of psychogenic factors.
7. At least mildly self-abusive
8. Lacks trust in others.
9. Limited contact/experience with would-be peers.

5.2 Least Restrictive Conditions

1. Highly structured residential setting.
2. Group therapy.
3. Individual therapy.
4. Contractual programming.
5. Continued Acad. Program (small class)
6. Voc. exposure - variety of exposures
7. Full program of athletic activity esp. in groups.

Educational Plan

Name DYS Facility

Date

Reason for Evaluation

Jerry was referred for a core evaluation because of his reoccurring delinquent behavior and lack of schooling for the past year.

Jerry has had major difficulties with the law since June, 1976. The inception of these problems was apparently connected to the separation of his parents and the resulting disappearance of his father from the home. Since then Jerry has been shifted between foster homes and secure detention settings depending on the nature of his most current delinquency.

Jerry reportedly has finished the tenth grade. Three grades have been repeated and Jerry was considered a child with special needs while in school. Last attendance at school was June, 1976. A previous core evaluation has been completed. Records were not available to this CET. Jerry's school career was marked by extreme acting out and fights with both teachers and students.

Major Problem Areas

The most presenting problem is severe aggressive and violent behavior coupled with emotional immaturity and lack of instinct control. Jerry also displays a memory loss and confusion. There have been a number of accidents purportedly resulting in head injuries. Jerry currently reports headaches and dizziness. A thorough neurological examination is suggested.

Strengths

The CET found Jerry to be an articulate youth. He has large amounts of energy and can be quite industrious at times. He also appeared ambitious. A liking of crafts might be used as a steppingstone for vocational training. Jerry's vocational aspiration is to be an automechanic or involved in drafting, although he presently possesses no skills or understanding of these trades.

Weaknesses

Jerry has minimal behavioral control and often resorts to violence particularly when he feels rejected. He displays a very poor self image and suffers from feelings of inferiority for which he attempts to compensate through denial. Jerry's relationships with peers are poor. He accepts minimal responsibility for his behavior and tries to blame others. Jerry's behavior has conflicted with any academic achievement. His WRAT scores were grades 5.0, math; 3.9, spelling; and 2.8, arithmetic. With a very structured contractual program the CET felt that some academic progress might occur.

Recommended Conditions for Learning

A highly structured, controlled, and supervised residential placement is suggested for Jerry. This secure placement should have a therapeutic environment in which contractual behavior shaping techniques are employed. Dynamic crisis intervention should be available at all times. The program should include an academic and vocational component and a major emphasis on sports and group athletic activity. It is essential that Jerry find a good male role model.

Long Range Goals

1. Participation in group and individual therapy.

2. Identification of a specific vocational area and training in that area.

3. Continuance of academic program.

4. Placement in a small group home with preparation for transition to community.

First Year Goals

1.0 Activities of Daily Living

1.1 will demonstrate independence and consistency in grooming, hygiene, residence chores, and care of his belongings and attire.

2.0 Motor

2.1 will participate in sports and gross motor activity with his peers on a voluntary basis for two or more hours a day.

3.0 Socialization

3.1 will have daily interaction with peers in a cooperative manner.

3.2 will initiate interaction with peers and contribute to these relationships.

3.3 will cooperate with requests for fulfilling household responsibilities.

3.4 will complete household tasks assigned to him.

3.5 will participate in some equivalent of a leadership training program.

3.6 will significantly decrease his assaultive behavior on others.

3.7 will significantly diminish self-abusive behavior.

4.0 Language

4.1 will demonstrate more flowing delivery of speech.

4.2 will display an increasing amount of affect when speaking with others.

4.3 will begin to use more descriptive speech, e.g. describing ideas.

4.4 will be involved in programming to eliminate auditory perceptual deficits.

5.0 Reading

5.1 will participate in a program to help remediate his visual memory deficit.

5.2 cursive script will increase to the point of being consistently legible to others.

5.3 spelling level will improve to grade 5.0 or better.

5.4 reading skills and ability will improve to grade 6.0.

6.0 Quantitative

6.1 will participate in a remedial program in which he learns the following basis arithmetic concepts:

vertical multiplication
borrowing and carrying
time-telling
division
counting change and other money handling skills needed for shopping independently
application of money skills to actual use in purchasing
solving word problems at at least grade 4.0 level.

7.0 Vocational

7.1 will complete and have interpreted to him vocational interest and aptitude batteries

7.2 will be exposed to having "minature experiences" in a variety of mock-up work situations

7.3 will acquire knowledge in various responsibilites of employment, e.g. punctuality, proper dress, punching a time clock, etc.

7.4 will read magazines and other literature on a weekday basis which will expose him to a number of occupational areas

7.5 will discuss occupational choices with a vocational teacher

PROGRAMS AND ACTIVITIES

Name

Date February 17, 1977

Page 1 of _____

Secure, highly structured, controlled, and supervised residential placement with a therapeutic environment using contractual behavior shaping methods. Should have 24 hour dynamic crisis intervention. Proposed staff ratio 1:6.

| ACTIVITY OR PROGRAM | HOURS PER DAY | # DAYS PER WEEK | STAFF RATIO | CERTIFIED PERSONNEL | FOLLOW-UP AND OTHER CONDITIONS |
|---|---|---|---|---|---|
| Academic<br>The program should be primarily remedial in nature. An attempt should be made to decrease visual memory and auditory perceptual deficits. To include tutorial methods and small groups. | 1½-2 | 5 | 1:1 to 1:3 | Teacher trained in behavioral methods. | Increase daily duration if Jerry can tolerate it. |
| Vocational<br>After assessment of interests and aptitudes the program should focus on work-like settings. Emphasis should be placed on exposure to work, work experiences, skills, and development of good work attitudes. Activities should emphasize use of gross motor skills. | 4 | 5 | | Vocational Educator | |
| Physical Education<br>Activities should be individual and in groups. There should be an opportunity for Jerry to discharge energy through rugged team sports, to include volleyball, tennis, bowling, swimming. Emphasis on team cooperation. This is a very important part of Jerry's program. | 2 | Daily | group activity | P.E. instructor | |

PROGRAMS AND ACTIVITIES

Name

Date 2/17/77



| ACTIVITY OR PROGRAM | HOURS PER DAY | # DAYS PER WEEK | STAFF RATIO | CERTIFIED PERSONNEL | FOLLOW-UP AND OTHER CONDITIONS |
|---|---|---|---|---|---|
| Therapy<br>Environmental<br>Use of contractual methods, very structured. | 24 | Daily | all staff | Living unit personnel trained in contractual methods | |
| Crisis Intervention<br>Opportunity for dynamic therapy to "put the lid on", use of "time outs" when crisis is indicated. | when | needed | 1:1 | Therapist trained in crisis intervention. | |
| Group and Individual | | | | | To commence in one year or when Jerry is ready. |
| Recreation<br>To include an art program with use of variety of materials and forms and supervised instruction. Weekend activity should be coed and include spectator sports, cultural events, community visits | 2<br>4 | weekday evenings<br>weekends | small groups | Unit staff and art teacher - all trained in behavioral methods. | |
| Activities for Daily Living<br>Supervision of chores and activities. | 1 | Daily | small groups | Unit staff trained in contractual methods. | |

RECOMMENDED ASSESSMENTS

Name

Date February 17, 1977

| ASSESSMENT | PURPOSE | PERSONNEL | CONDITIONS |
|---|---|---|---|
| Neurological Evaluation | To determine if any injuries were sustained from accidents involving the head, to determine cause of headaches, memory loss; possible subdural hemotoma. | Neurologist | |
| Mass. Vision Test | | | Routine |
| Screening Audiometry | | | Routine |
| Core Evaluation | Reveiw | CET | Yearly |

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NOTES